

PHYSICIAN'S ORDERS

Authorization is given to the Pharmacy Department to dispense a generic & therapeutic equivalent drug when a brand name is ordered unless checked here. ☐

Patient's Name _____

ALLERGIES: _____

USE BALL POINT PEN - PLEASE BEAR DOWN

LABS

- ☐ Urine HCG
☐ HCG QL
☐ DNA (1 purple for kit)
☐ Toxicology (2 gray for kit)

Result: _____
 Result: _____

- ☐ Urine (60 cc's for kit)
☐ HB sAG
☐ Anti HB sAG
 Other Labs: _____

✓ BY
RN

S A N E - MD ORDER FORM**CHECK APPROPRIATE BOXES**

- ☐ Antiemetic 30 minutes prior to Pregnancy/STD prophylaxis: Prochlorperazine (Compazine) 10 mg PO X1

PREGNANCY PROPHYLAXIS (within 72 hours of assault)

- ☐ Plan B (Levonorgestrel 0.75 mg) Dose: Take one (1) tablet as soon as possible within 72 hrs after unprotected intercourse. Take the second dose of one (1) tablet 12 hrs later.

STD PROPHYLAXIS

DISEASE	RECOMMENDED	ALTERNATIVE
GONORRHEA	<input type="checkbox"/> Ceftriaxone 250 mg IM Contraindication: Allergy to Penicillin/Cephalosporins	<input type="checkbox"/> Ciprofloxacin 500 mg PO X1
CHLAMYDIA	<input type="checkbox"/> Azithromycin 1 gm PO X 1 Contraindication: Allergy to Erythromycin, Azithromycin or other macrolide antibiotics.	<input type="checkbox"/> Doxycycline 100 mg PO BID X 7 days. -or- <input type="checkbox"/> Erythromycin 500 mg PO QID X 7 days
TRICHOMONIASIS And BACTERIAL VAGINOSIS	<input type="checkbox"/> Metronidazole (Flagyl) 2 gms PO X 1 <input type="checkbox"/> Metronidazole (Flagyl) 1 gm PO now; send 1 gm home with patient to be taken in AM. NO ALCOHOL WITH MED.	Note: If alcohol has been consumed in the last 24 hours, Metronidazole (Flagyl) is to be taken at home after waiting 24 hours from last alcoholic beverage.
HEPATITIS B Administer if patient is known to be NOT immune or if immune status is not known. Follow up doses 1-2 months and 4-6 months.	AGE 11-19: <input type="checkbox"/> Recombivax: 5 mcg/0.5 ml IM HBIG NO LONGER RECOMMENDED	ADULT OVER AGE 19: <input type="checkbox"/> Engerix-B: 20 mcg/ml IM Contraindicated in severe yeast allergy.
HIV - PEP	AccessPak (contains initial 72 hr supply)	
	Combivir 1 tablet PO BID (zidovudine 300mg/lamivudine 150 mg)	Higher Risk: Expanded Regimen (with Viracept) Viracept 5 tablets PO BID (nelfinavir 250 mg)

R.N. _____ M.D. _____ Date: _____